MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869175

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	/		/					51						
2		/		/				52						
3		/		/				53						
4								54						
5		4		4				55						
6		4		4				56						
7		4		4				57						
8		4						58						
9	/		/					59						
10		/						60						
11		/						61						
12		/		/				62						
13		4		4				63						
14		4		4				64						
15		4		4				65						
16		①		/				66						
17		①		/				67						
18		①		/				68						
19		①		/				69						
20		①		/				70						
21	/			/				71						
22		/		/				72						
23		/		/				73						
24	/			/				74						
25		/		/				75						
26		/		/				76						
27	/			/				77						
28	/			/				78						
29		/		/				79						
30		/		/				80						
31	/			/				81						
32	/			/				82						
33		/		/				83						
34				/				84						
35				/				85						
36				/				86						
37				/				87						
38				/				88						
39				/				89						
40				/				90						
41				/				91						
42				/				92						
43				/				93						
44				/				94						
45				/				95						
46				/				96						
47				/				97						
48				/				98						
49				/				99						
50								100						
TOTAL IND.	9		9					TOTAL IND.						
TOTAL DEP.	45		57					TOTAL DEP.						
TOTAL CLAIMS	54		66					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)